

1999 WHO TB Report Shows RESPONSE TO EPIDEMIC INADEQUATE

Dramatic successes in many countries with the tuberculosis treatment recommended by the World Health Organization (WHO) show that the spread of TB and the emergence of multidrug resistance can be stopped, according to the 1999 WHO *Global Tuberculosis Control* report, but, due to an inadequate global response to the epidemic, "hot zones" of multidrug resistance are emerging, particularly in Eastern Europe.

To meet the challenge, WHO has launched the Stop TB Initiative in partnership with the World Bank, the US Centers for Disease Control and

Prevention (CDC), and a growing coalition of nongovernmental organizations. Officials are working to expand the global coalition of partners beyond the health sector; to place TB higher on international political and health agendas; and to significantly increase investment in TB control.

In 1993, global goals of detecting 70% of all infectious TB cases and treating 85% of those cases with the WHO-recommended treatment were set for the year 2000, but the response has not been aggressive enough to meet the 2000 targets. WHO is now urging a concerted

effort to tackle TB by 2005.

Although the number of patients receiving the WHO-recommended DOTS treatment (Direct Observation Treatment, Short-Course) has been increasing at a rate between 10% and 20% each year for the last four years, another 250,000 patients per year need to be reached and treated to achieve the global goal by the year 2005, according to the 1999 report.

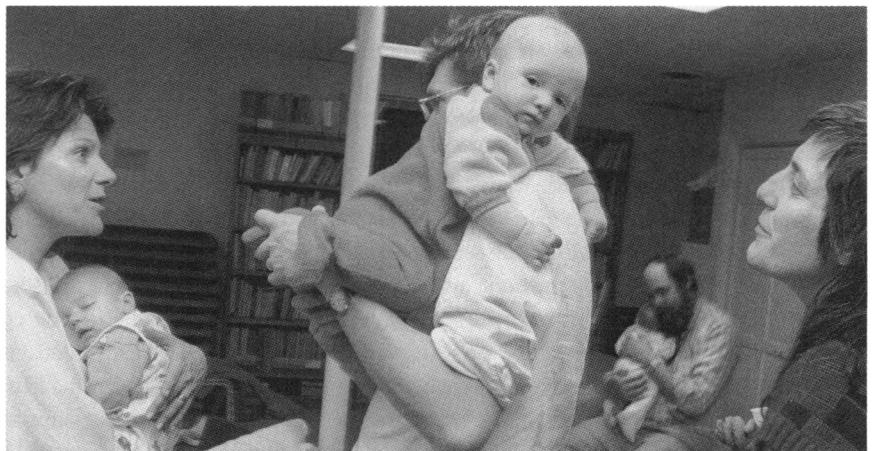
The text of Global Tuberculosis Control: WHO Report 1999 is available on the Web at www.who.int/gtb/publications/globerep99/index.html. ■

WHO CALLS CHILD ABUSE Major Public Health Problem

Child abuse has become a major public health problem worldwide, according to the World Health Organization (WHO), which estimates that 40 million children ages 14 years and younger around the world suffer from abuse or neglect.

Studies conducted in 19 countries, including South Africa, Sweden, and the Dominican Republic, have reported prevalence rates for sexual abuse ranging from 7% to 34% among girls and from 3% to 29% among boys.

At a meeting earlier this year at WHO headquarters in Geneva, experts from every region of the

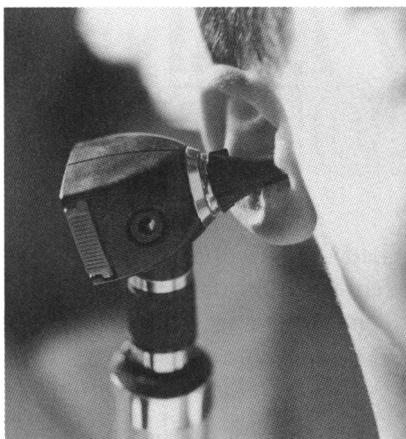


world presented findings and case studies that showed how child abuse is a problem needing to be addressed in both developed and developing countries. The 24 experts came from a range of disciplines including violence and injury prevention, medicine, social science, public health, psychiatry, psychology, and law.

Meeting participants described how programs in some countries have shown that it is possible to

reduce the prevalence of child abuse when nursing personnel or community health workers offer training to parents in parenting skills before and after birth. These programs work best if they are child-centered, family-focused, and community-based.

For further information, contact Gregory Hartl, WHO, Geneva; tel. 41 22 791 44 58; fax 41 22 791 48 58; e-mail: <hartlg@who.int>. ■



US Preventive Services Task Force Will Review New Tests, RE-EXAMINE OTHERS

In the coming months, the US Preventive Services Task Force will evaluate four new prevention and screening measures that have not been reviewed previously, and it will revisit eight for which there are newly available information on their effectiveness, new technologies, or continuing controversies.

The four measures not previously evaluated are:

- chemoprophylaxis (for example, tamoxifen and related drugs) to prevent breast cancer;
- vitamin supplementation to prevent cancer or coronary heart disease (vitamin E, folate, beta-carotene, and vitamin C);

- screening for bacterial vaginosis in pregnancy;
- developmental screening in children.

The topics to be updated include counseling to prevent unintended pregnancy; postmenopausal hormone therapy; and screening for diabetes mellitus, hearing in newborns, skin cancer, high cholesterol, chlamydial infection, and depression. Additional topics for assessments and updates will be selected and announced periodically over the next two years.

The Task Force, an independent panel of preventive health experts, is charged with evaluating the scientific evidence for the effectiveness of a range of clinical preventive services—including common screening tests, immunizations, and counseling for health behavior change—and producing age- and risk-factor-specific recommendations for these services.

The Task Force published its first set of recommendations in the 1989 *Guide to Clinical Preventive Services*. The *Guide* was revised in 1995, and the third edition will be published in 2003.

Nominations of new topics for the Task Force to consider can be sent to David Atkins, MD MPH, Coordinator for Clinical Preventive Services, Center for Practice and Technology Assessment, AHCPR, 6010 Executive Blvd., Rm. 300, Rockville MD 20852.

More information on the Task Force is available on the Web at www.ahcpr.gov/clinic/uspsfact.htm.

The Guide to Clinical Preventive Services, 2nd Edition, can be purchased for \$20 from the AHCPR Publications Clearinghouse; tel. 800-358-9295. ■

Federal Panel To Look at Plasticizers

The federal government's Center for the Evaluation of Risks to Human Reproduction will conduct its first review, a look at the possible reproductive risks to plastics workers and consumers from seven phthalates—chemical plasticizers used in making flexible vinyl products such as shower curtains, medical tubing and IV bags, upholstery, raincoats, balls, and soft squeeze toys.

The Center will assemble a panel of scientists with applicable expertise to evaluate these substances in public sessions, tentatively planned for August 1999 in the Washington DC area.

The substances to be reviewed are butyl benzyl phthalate, di(2-ethylhexyl) phthalate, di-isodecyl phthalate, di-isononyl phthalate, di-n-butyl phthalate, di-n-hexyl phthalate, and di-n-octyl phthalate.

Some phthalates have already been shown to be carcinogenic at certain levels in animals. As a result, the makers of plastic toys, teething rings, and pacifiers say they have reduced or restricted their use of particular phthalates.

Officials at the National Institute of Environmental Health Sciences (NIEHS) and the National Toxicology Program, which is headquartered at NIEHS, announced the creation of the Center for the Evaluation of Risks to Human Reproduction in January (PHR 1999;114:103).

Additional information may be obtained from Michael Shelby, Chief of the Laboratory of Toxicology at NIEHS, at 919-541-3455. ■

IOM Report Offers New Analyses of US VACCINE PRIORITIES

A new study from the Institute of Medicine (IOM) contains information that can help researchers set domestic vaccine priorities for the future.

Vaccines for the 21st Century: A Tool for Decisionmaking, commissioned by the National Institute of Allergy and Infectious Diseases (NIAID), describes use of a new

quantitative model to compare the cost and health benefits of developing more than two dozen different candidate vaccines, including, for the first time, therapeutic vaccines for chronic diseases such as cancer.

Based on this analysis, the report divides 26 candidate vaccines into four groups, from most to least favorable for development (see

chart). But the IOM report stresses that this ranking is not a recommendation on which candidate vaccines should be developed.

Rather, along with other key factors such as technical feasibility and public health urgency, it provides a framework for decisions about vaccine research and development.

"Anyone with a computer and

VACCINE RANKINGS (alphabetically ordered within categories)

MOST FAVORABLE

- Cytomegalovirus vaccine given to 12-year-olds.
- Influenza virus vaccine given to the general population.
- Insulin-dependent diabetes mellitus therapeutic vaccine.
- Multiple sclerosis therapeutic vaccine.
- Rheumatoid arthritis therapeutic vaccine.
- Group B streptococcus vaccine to be administered to pregnant women and high-risk adults.
- *Streptococcus pneumoniae* vaccine to be given to infants and 65-year-olds.

MORE FAVORABLE

- Chlamydia vaccine given to 12-year-olds.
- *Helicobacter pylori* vaccine given to infants.
- Hepatitis C virus vaccine given to infants.
- Herpes simplex virus vaccine given to 12-year-olds.
- Human papillomavirus vaccine given to 12-year-olds.
- Melanoma therapeutic vaccine.
- Mycobacterium tuberculosis vaccine given to high-risk populations.
- *Neisseria gonorrhoeae* vaccine given to 12-year-olds.
- Respiratory syncytial virus vaccine given to infants and 12-year-olds.

FAVORABLE

- Parainfluenza virus vaccine given to infants and women in their first pregnancy.
- Rotavirus vaccine given to infants.
- Group A streptococcus vaccine given to infants.
- Group B streptococcus vaccine given to high-risk adults and either 12-year-old girls or women during their first pregnancy.

LESS FAVORABLE

- *Borrelia burgdorferi* vaccine given to resident infants and migrants of any age in high-risk geographic areas.
- *Coccidioides immitis* vaccine given to resident infants and migrants of any age in high-risk geographic areas.
- Enterotoxigenic *Escherichia coli* vaccine given to infants and travelers.
- Epstein-Barr virus vaccine given to 12-year-olds.
- *Histoplasma capsulatum* vaccine given to resident infants and migrants of any age in high-risk areas.
- *Neisseria meningitidis* type b vaccine given to infants.
- Shigella vaccine given to infants and travelers, or travelers only.

spreadsheet software will be able to access the model from the IOM free-of-charge and adapt it to other conditions or candidate vaccines," said Anthony S. Fauci, MD, Director of NIAID.

NIAID, one of the National Institutes of Health, requested the report in 1995 as a follow-up to two IOM reports issued a decade earlier. A 1985 report focused on priorities for vaccine development in the US, and a second report, published in 1986, focused on vaccine development in developing countries.

The report notes that considerable progress has been made since the 1985 IOM study. Six of 14 vaccines listed in that study as domestic priorities for development are now licensed. These include an acellular pertussis (whooping cough) vaccine and vaccines against hepatitis A and B; *Haemophilus influenzae* type b (Hib), formerly a major cause of childhood meningitis; varicella zoster (chickenpox); and rotavirus, a leading cause of serious infant diarrhea.

Robert S. Lawrence, MD, Associate Dean for Professional Education and Programs and Professor of Healthy Policy and Management at the Johns Hopkins School of Hygiene and Public Health in Baltimore, chaired the 14-member IOM committee. NIAID drafted the project proposal with input from other institutes at the National Institutes of Health, which funded the project.

A printed copy of the full report can be obtained from IOM at 800-624-6242. The Executive Summary of the report is available at www2.nas.edu/hpdp. ■



Nursing School Enrollments May Lag Behind Rising Demand for RNs, Survey Shows

If current trends continue, a rising demand will outstrip the supply of RNs beginning in approximately 2010, according to the Division of Nursing of the Bureau of Health Professions, US Health Resources and Services Administration. But already, in an expanding number of markets, hospitals and other employers are struggling to meet the need for RNs and are stepping up recruitment.

Enrollment of entry-level bachelor's degree students in the nation's nursing schools fell by 5.5% from fall 1997 to fall 1998, according to the latest annual survey by the American Association of Colleges of Nursing (AACN).

At the same time, enrollment of full-time master's degree nursing students and the ranks of nursing graduates from master's degree programs continued their recent steady climbs.

AACN's findings are based on responses from 531 (80%) of the nation's nursing schools with bachelor's and graduate programs, surveyed in the fall of 1998. Programs offering two-year associate degrees and hospital diplomas were not included.

In recent years, several nursing schools have chosen to cut back their baccalaureate admissions because of faculty shortages or other resource constraints, or have redirected their limited resources to focus more heavily on meeting market demand for advanced practice nurses, according to the report.

Of the 107 responding schools that reported reasons for not accepting all qualified applicants to entry-level baccalaureate nursing programs in 1998, 37% cited insufficient faculty, while other schools cited a shortage of clinical training sites (26%) or insufficient classroom space (13%), according to the AACN survey. Although most schools reporting too few faculty cited budget constraints, 30% attributed the shortage to increasing job competition from clinical sites.

Copies of the AACN report, 1998-1999 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, are available for \$35 (including postage) prepaid from AACN; tel. 202-463-6930. Copies may also be ordered from AACN's website at www.aacn.nche.edu. ■

NATIONAL LIBRARY OF MEDICINE Unveils Web-Based Online Catalog

The National Library of Medicine's new Web catalog, LOCATORplus, will allow anyone with Internet access to find out what books, journals, audiovisuals, manuscripts, and other items are contained in the world's largest medical library.

Users can search by author, subject, title, conference name, keyword, and other categories, then e-mail the results to themselves. Hotlinks to online journals are avail-

able from many records.

Direct access to a variety of other resources is available from LOCATORplus, including MEDLINE, MEDLINEplus, Images of the History of Medicine, TOXNET, HSTAT, and other US medical library catalogs.

LOCATORplus is part of NLM's new integrated library system, which is being used for acquisitions, serials control, cataloging, collection management, circulation, and preservation. It is the online catalog used by on-site patrons, and it also serves as the retrieval engine for the Library's cataloging records, replacing existing online access methods, such as Locator, CATLINE, AVLINE, and SERLINE.

"The system brings together a

number of previously disparate databases, along with information formerly available only to staff members, using state-of-art information retrieval technology," said librarian Dianne McCutcheon, who coordinated the NLM team that implemented LOCATORplus. "We want librarians, physicians, scientists, scholars, and students to discover the wealth of research materials available to them. In some cases we are the only library in the US to own a book or journal."

NLM's LOCATORplus can be found on the Web at www.nlm.nih.gov/locatorplus/. The site is updated daily. ■

CDC Offers State-Specific TOBACCO DATA ON THE WEB

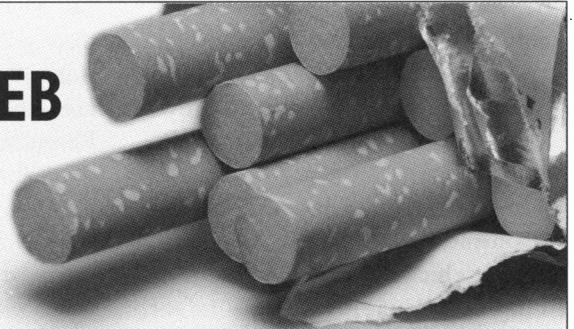
The Centers for Disease Control and Prevention (CDC) has a new online information database, the State Tobacco Activities Tracking and Evaluation (STATE) System, which summarizes information on tobacco use in all 50 states and the District of Columbia.

The STATE System can be accessed on the Web at www2.cdc.gov/nccdphp/osh/state/.

According to CDC, this is the first-ever online compilation of current and historical state-based data on the prevalence of tobacco use, tobacco control laws, the health impact and costs associated with tobacco use, and tobacco agriculture and manufacturing. Much of STATE's information mirrors data in the CDC publication *State Tobacco Control Highlights*, first released in 1996.

The following are examples of the type of information posted on STATE:

- State-specific smoking prevalence among adults ranges from a low of 13.7% in Utah to a high of 30.8% in Kentucky.
- Current smoking among young people in grades 9-12 ranges from 16.4% in Utah to 47.0% percent in Kentucky.
- Among states with laws that restrict smoking at



private worksites, only California meets the nation's Healthy People 2000 objective to eliminate nonsmokers' exposure to environmental tobacco smoke.

- State excise taxes on cigarettes range from a low of 2.5 cents per pack in Virginia to a high of \$1 per pack in Alaska.

The system enables users to browse data for a specific state or view and print out a number of pre-formatted reports that summarize information for all 50 states and the District of Columbia.

The data are extracted from several sources, including the Behavioral Risk Factor Surveillance System; the Youth Risk Behavior Surveillance System; the US Census; the Census Bureau's Current Population Surveys; the US Department of Agriculture's Economic Research Service; Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMEC); the Tobacco Institute; and *Public Health Reports*. ■

NATIONAL DATASET PROVIDES In-Depth Picture of Hospital Care in the US

The Agency for Health Care Policy and Research (AHCPR) has made available the latest update of a dataset providing an in-depth picture of the use, quality, and costs of hospital inpatient care in the United States.

The Nationwide Inpatient Sample (NIS) is a compilation of hospital discharge data; the 1996 dataset includes information on approximately 6.5 million inpatient stays at more than 900 hospitals in 19 states across the country. Included is detailed information on topics such as diagnoses, patient demographics, medical and surgical procedures, diagnostic tests, hospital charges, payment sources, and hospital characteristics. The large size of the

database permits analysis of rare conditions, such as congenital anomalies, and studies of infrequent procedures, such as organ transplantation.

The NIS is the only publicly available database of its kind to include payer information, permitting analyses of care covered by private insurance, Medicare, Medicaid, and other sources. Information is also included on care provided to the uninsured.

The NIS is a product of the Healthcare Cost and Utilization Project, a Federal-State-industry partnership sponsored by AHCPR to produce standardized, high-quality data for use in measuring and evaluating the impact of changes in the health care system on access to services, quality, outcomes, and costs. For researchers who want to analyze

trends, NIS datasets are available for 1988 through 1996.

The NIS can be linked with databases containing county-level information, such as the Area Resource File maintained by the Bureau of Health Professions of the Health Resources and Services Administration. It can also be linked with the American Hospital Association's Annual Survey of Hospitals.

NIS Release 5 for 1996 (product number PB99-500480) is available on CD-ROM with accompanying documentation for \$160 from the National Technical Information Service, Port Royal Road, Springfield VA 22161; tel. 800-553-6847 or 703-605-6000. The cost may be higher for customers outside the United States, Canada, and Mexico. Data from earlier NIS releases (1988-1995) are also available from NTIS.

More information on the NIS can be found on the Web at www.ahcpr.gov/data/hcup/hcupnis.htm. ■

NIH Dedicates New Vaccine Research Center, Announces AIDS Vaccine Effort

The National Institutes of Health (NIH) will begin to develop candidate AIDS vaccines at a new research center on the NIH campus in Bethesda, Maryland. The Dale and Betty Bumpers Vaccine Research Center is named in honor of the former Senator from Arkansas and his wife.

The new building will encompass the entire spectrum of vaccine research, from basic research through product development, and will include facilities to produce small lots of experimental vaccines suitable for clinical trials. Construction of the

five-story building is scheduled to be completed by mid-year 2000.

The development of candidate AIDS vaccines is the Center's first major undertaking.

At full capacity, the Vaccine Research Center will employ approximately 100 scientists and support staff led by Director Gary Nabel, MD PhD. Dr. Nabel has committed the Center's staff to working synergistically with other vaccine research groups at NIH and in academia and industry through a network of national and international collaborations.

The Vaccine Research Center receives joint funding from the National

Institute of Allergy and Infectious Diseases (NIAID) and the National Cancer Institute (NCI) and is spearheaded by NIAID, NCI, and the NIH Office of AIDS Research. The fiscal year 1999 budget for the Center is \$16.5 million.

NIH has a long history of vaccine research. Recent contributions include vaccines against adenovirus, used to protect military recruits against serious respiratory illness; a vaccine against *Haemophilus influenzae* type b, formerly the leading cause of bacterial meningitis; an acellular pertussis vaccine for whooping cough; a hepatitis A vaccine; and a vaccine against severe rotavirus diarrhea. ■